



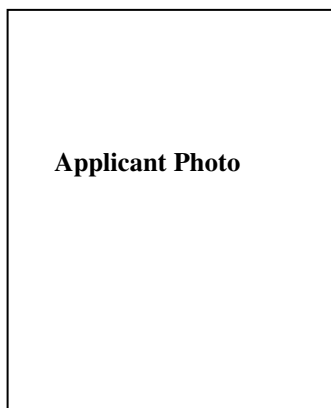
COMMONWEALTH OF KENTUCKY  
Public Protection Cabinet  
Department of Housing, Buildings and Construction  
DIVISION OF HVAC  
101 Sea Hero Road, Suite 100  
Frankfort, Kentucky 40601-5405  
(502) 573-0395 Fax (502) 573-1401  
MASTER HVAC CONTRACTOR LICENSE



Please type or print application. All questions must be answered on both sides of this application.  
An application fee of \$250.00 is to be submitted payable to Kentucky State Treasurer.

1. Name: \_\_\_\_\_  
Last First MI  
Address: \_\_\_\_\_  
(Street, Route or Box Number)  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_ Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
2. Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street, Route or Box Number)  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_ Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_
3. Send Mail To: Company Address \_\_\_\_\_ Home Address \_\_\_\_\_
4. Examination Score Certificate enclosed: \_\_\_\_ Yes Date of exam: \_\_\_\_\_  
\_\_\_\_ No (If no, license cannot be issued until exam is passed.)
5. \_\_\_\_ Attached proof of general liability insurance. (Certificate of Insurance for general liability and property damage in an amount not less than \$800,000.) Certificate holder must list Department of Housing, Buildings & Construction, Division of HVAC, 101 Sea Hero Road, Suite 100, Frankfort, Kentucky 40601-5405 as certificate holder. License cannot be issued without certificate on file.

6. Attach a recent signed color photograph below:



Applicant Photo

For Office Use Only

Date Received \_\_\_\_\_  
Approved \_\_\_\_\_  
Issue \_\_\_\_\_  
Pending \_\_\_\_\_  
Approved To Test \_\_\_\_\_  
Board Review \_\_\_\_\_  
Journeyman # \_\_\_\_\_  
Issue & Status \_\_\_\_\_



HVAC-1 Revised (07-08)

7. Are you licensed as an HVAC Contractor in any other state?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list each state and date you were first licensed. (Attach copy of license.)

\_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_

8. Are you currently licensed as a Journeyman in any other state or Kentucky?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list each state and date you were first licensed. (Attach copy of license)

\_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_

9. Total HVAC experience:

List the name and address of HVAC employers and dates of employment.

<u>Employer Name</u>	<u>Address</u>	<u>From</u>	<u>To</u>	<u>Phone number</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*The Board may revoke, suspend, place on probation, or restrict the license or certificate of any licensee or certificate holder pursuant to KRS 198B.672.*

Applicant's Signature: \_\_\_\_\_

\_\_\_\_\_ (Initial) I am not in default of any student loans backed by the KHEAA (Kentucky Higher Education Assistance Authority). I understand that if I am in default of any student loans backed by the KHEAA, I cannot receive a Kentucky Master HVAC Contractor license at this time.

STATE OF \_\_\_\_\_

County of \_\_\_\_\_

The applicant, whose name is, \_\_\_\_\_, being duly sworn declares that foregoing statements subscribed to him are true to the best of his knowledge and belief, and that he/she has personally signed this application.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,

Notary Public \_\_\_\_\_

My Commission expires: \_\_\_\_\_